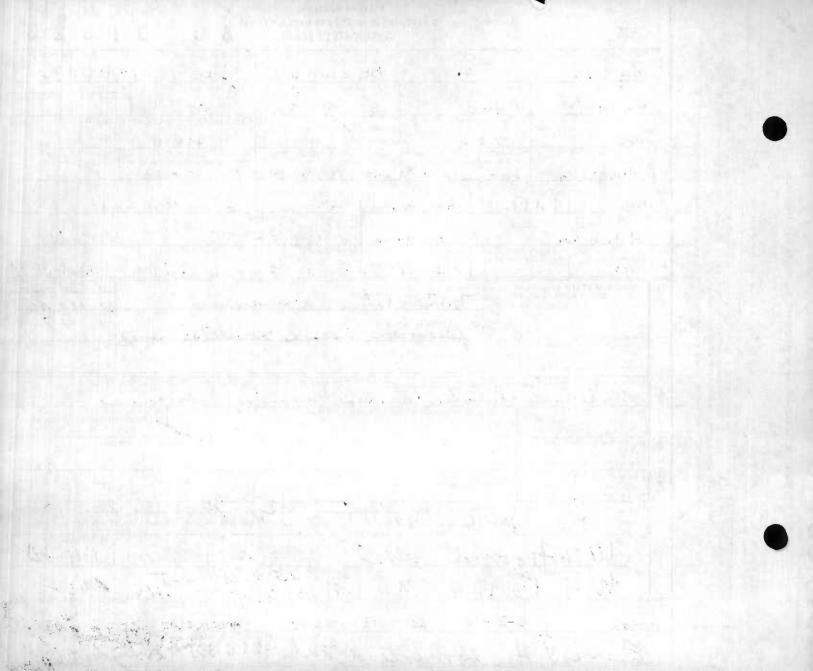
SASSEL SE



1/		MARYLAND STATE DEPARTMENT OF HEALTH
6		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH 8 0 0 1 6 2 4
e ene	1.	DECEASED-NAME First / Middle / Last 2a. DATE OF DEATH 2b. HOUR
death		(Type or print) Marguerite . V. Bowman Jon, Month 16 Day 19 800 7 15PM
草 有	3.	SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Graph Grap
s af		1 emocks white 6-27-1710 69 YRS
by the Page		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
n 24 h illed in papers	5	Md.
		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.) 12. INDUSTRY
d w	13	LISTIAL DESIDENCE (Where despread lived if firstitution, Peridence balance 122 CITY OR TOWN
amp cute	500	mission) STATE Md. 130 COUNTY Hontgomery Takoma Park YES NO 503 Albany Avenue
e executed with and campletely fremave carban rany event, with	1/14	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last
ate b	0 1	WAS DEFEASED EVED IN ILS ADMED EDDESS 166 SOCIAL SECURITY NO 17 INSTORMANT
equires that the death certificate be ex physician. signed by the attending physician and burial-transit permit. Then please rem burial, cremation, ar remaval, and the		Yes, na, or unknown) (If yes give war or dates of service) 5777-12-1830 Hospital Records
cer The p		18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ndir iit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infortation Minutes
afte erm on, c		4//) = DUE TO OR AS A CONSEQUENCE OF
the trip		Conditions, if any, which gave) (b) generalized Anterior dolows Tears.
that in. by 1 rans rem		rise to immediate cause (a), (stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF
res sicio ed al-t		last. (c)
equires that the death certifi physician. signed by the attending phy burial-transit permit. Then burial, cremation, ar reman		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ing sen		
YSICIAN: The law re aspiral ar attending certificate has been hed far use as the ott. af Health prior to	1	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The rath		YES NO CAUSES OF DEATHY
AN: ol ar icate far u		
of the pitch	7	(If either, notify medical examiner) P.M. 19
JING PHYSICIAN: The law reby the haspital ar attending fer this certificate has been be detached far use as the state Dept. af Health prior to	1	21d. INJURY OCCURRED While Not while at work a
te D		di wdik di wdik
by be Sta		22a. I certify that (I) (this hospital) ottended the deceosed from, 19_0, ta, 19_0, thot (I) (we) last saw the deceased alive an
TEN Ded	1	couses stoted obove, (I) (we) (did) (did not) view the bady ofter deoth.
Sho Creative	_	22b. SIGNATURE 22c. DATE SIGNFD
OR ATTENE be retained DIRECTOR: A je 3 shauld		DEGREE PHYS. DIRECTOR PHYS. 10-16-8
TO HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the haspit TO FUNERAL DIRECTOR: After this certif director, page 3 shauld be detached shauld be filed with the State Dept. of		22d. PHYSICIAN'S NAME (Type) SUHA OZGUN 22e. ADDRESS Springfield Harpital, Sykesville Mal.
Page 4 Punit	2	a. BURIAL CREMATION, 235 DATE 286 NAME OF CEMETERY OR CREMATORY 22d LOCATION (City of Town) (County) (State)
Page O FUN direct		PSURIAL JAN. 19, 1980 CEDAR NILL EMETERY SUITLAND, P.G. HARVAND
/800 - VRA15(FUNERAL DIRECTOR LINE TUN HOME ADDRESS 250. RECORD BY REGISTRAN 100 250. REGISTRAN'S SIGNATURE
25m-1/7		+308 Suitland Rd. SuiTland, MARY And DATE JAIN A S 1300

M. M. the same the same to make the many of the pane The state of the s

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH 2b. HOUR 1. DECEASED-NAME First requires that the death certificate be executed within 24 hours after death Month 1X (Type or print) CHARLES DENTON BROWN JAN. Day 13 Ye 7980 8. AOM S. DATE OF BIRTH 6. AGE (In years 3. SEX 4. RACE MONTHS 4-8-1892 WHITE MALE 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED CARROLL WIDOWED 3 DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital give street address)

SPRINGFIELD HOSP. CENTER

120. USUAL OCCUPATION (Kind of work dane during most of working life, even if retired.)

A B IN ET MAKER FURNITURE 10. CITY OR TOWN OF DEATH SYKESVILLE 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREFT AND NUMBER 13b. COUNTY YES NO 9 3076LITTLEST IS. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle BROWN ELSON 16b. SOCIAL SECURITY NO. 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) 219-12-1935 MELVIN D. BROWN 3074 LITTLESTUMA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: RTERIOSELEROTIC C.V.D.WITH CONGESTIVE FAILURE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO M 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING [21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased from 1980, and that in (my) (our) opinion death occurred an the date and hour and from the O FUNERAL DIRECTOR: After couses stated above, (I) (we) (did) (did nat) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR DEGREE SYKESVI 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) SPRINGFIELD MATORY 23d. LOCATION (City or Toward L. M. (County) (State)

CEMETARY SILVER CAPPROLL MD 23a. BURIAL CREMATION, 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 25m-1/70

MARYLAND STATE DEPARTMENT OF HEALTH

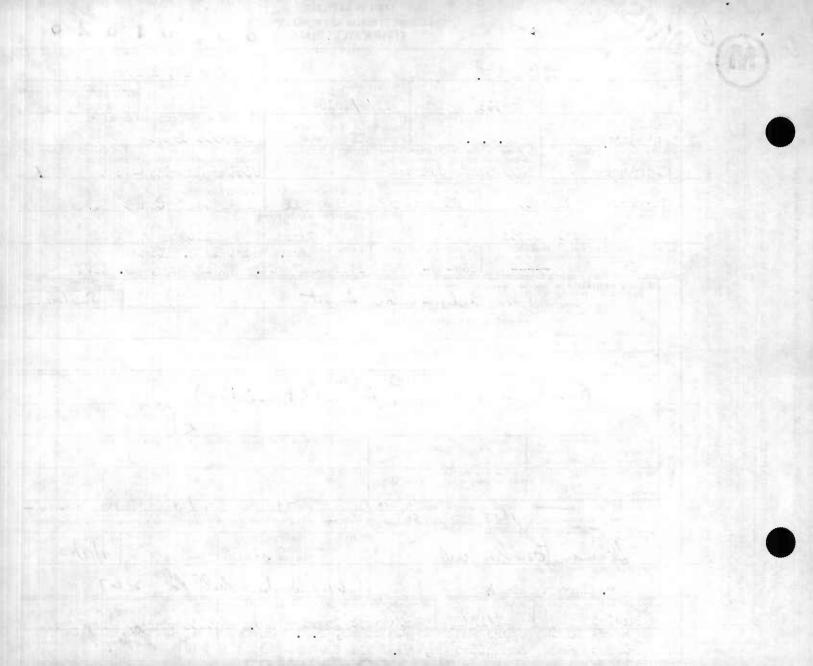
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1	L OKPRINT)	C7.0	aire H. Byr	me		January 1	1. 1980		N
3. SE	X		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
	Female	5.5	White	MONTH 11	14/1916 YEAR	63	YRS.	VIHS DAYS	HOURS MIN
7e. B	SIRTHPLACE (STATE O	R FOREIGN	75 CITIZEN OF WHAT COUNT	RY?		9 BALTIMORE CITY C		FDEATH	-
	COUNTRY)		U.S.A.		D NEVER MARRIED	Carroll C	02120 +21		
	ew Jersey	EATH	11. NAME OF HOSPITAL, NUI			120. USUAL OCCUPAT	ON	125. KIND C	OF BUSINESS OR
	ldersburg		1401 Leafy Con			Claims Exa	niner-9	tate	of Pal
USU 13e.	JAL RESIDENCE (IFN	URSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BUTY 113c CITY OR T		134 INSIDE CITY LIMITS?	13. STREET ADDRESS			
M	aryland	Carr		rsburg	YES NOXX	1401 Leaf	u Court	2178	84
	ATHER'S NAME		MIDDLE LAST Lewis		15 MOTHER'S MAIDEN NA	AME		LAS	
160	WAS DECEASED EV			ECHRITY NO	Grace IT INFORMANTAGE	Gallo			
	YES, NO OR UNKNOWN)		WAR OR DATES)		17 INFORMANTMYS.			0.45	
	No		136-20·	- 9636	1401 Leafy (t. Eldersb	urg, MD		
	18 CAUSE OF DE	ATH (Enter on	ly one couse per line for (o), (b) D BY.	, and ich	1 1 -			BETWEEN	MATE INTERVAL ONSET AND DEATH
	PARTI. DEATH		ECAUSE 10) Cardion	iscular	Amest			Li	delen.
	Conditions, if o	mmediate iting the use lost	DUE 10, OR AS A CONSE		NOT DELAYED TO THE YEAR	What Distant OF CO.	DITION CHIEN	IN LOADY 1/2	
NO	PART 2 OTHER ST	Breas V	Carcinome	L DEATH BUT	Isthua Clost in	radiation)	DITION GIVEN	IN PARI III	0,
CERTIFICATION	19a DATE OF OPE	RATION	1% CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSŸ? YES □ NO ☑	20% IF YES, V IN CERTIFYIN YES [NG CAUSES	NGS USED OF DEATH?
	210. ACCIDENT WAS IN OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEA		DAY YEAR	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART	I OR PART 2)	
MEDICAL	214 INJURY OCCU	WHILE WORK	21a PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM, ETC)	211 LOCATION STREET	CITY OR TO	VN.	COUNTY	STATE
	220 I certify that saw the dece	ased olive on	tal) attended the deceased from 1/13 1	_	od that in two) (our) opinion	. 10			that (we) lest couses stated
		nay 6	Snafer hus			MEDICAL STA DIRECTOR PHYSIC		226 DATE	SIGNED
	22d. PHYSICIAN'S	NAME ITYPE O Herman			6410 Wino	lear Mill X	ed 21	207	
23a	BURIAL CREMATIO			3c. NAME OF C	EMETERY OR CREMATORY			THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	STATE
	Burial		1/17/80	Fai mo	unt Comotom			77.02.3	_
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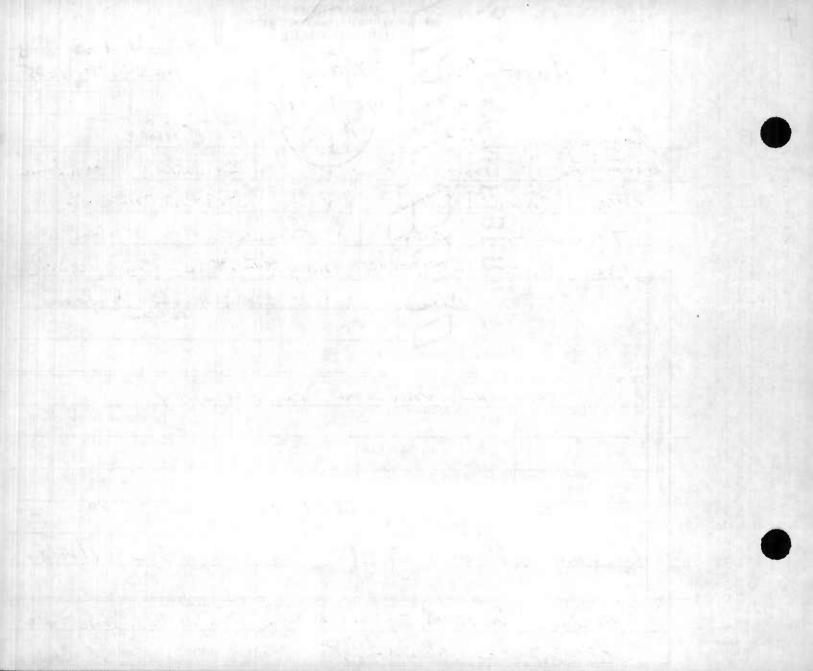
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BP.

8728 Liberty Road Randallstown, MD.



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		FOR - STATE REGISTRAR		MENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	8 OREGINO	. 0 1	6	30
(MA)		ECEASED NAME FIRST PE OR PRINT) MAGGIE	LEE	FRANK	LIN	Jan. 7,	1980	YEAR	9:45 P.
	3 S	Female	White	S. DATE C		6. AGE (IN YEARS LAST BIRTH	MON YRS	THS DAYS	IF UNDER 24 HRS HOURS MIN.
feath Pa	5 1	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNTRY?	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	BALTIMORE CITY OF Carroll	Co.,	DEATH	MD.
by the tilled will	OW	estminster	11. NAME OF HOSPITAL, NURSII 4501 Salem B	NG HOME O (ADDRESS) OTTOM	ROTHER INSTITUTION Road	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSewif	WORKING HEET	12b. KIND OF INDUSTRY	F BUSINESS OR
24 hours threat in mounted be	F M	aryland Car	r OTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY roll Westmi	VN I	YES NO	13. STREET ADDRESS 4501 Sal	em Bot	tom	Rd.
uted within completely 1 and 2 sh	4	Joseph	Fisher		15 MOTHER'S MAIDEN NA/ FIRST Ida	MIDDLE		Evan	
Pages	160	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIVI NO	E WAR OR DATES!		T.Eugene F	ranklin.		s #1	3
equires that the death certificate be signed by the attending physician. Then please remove corbangopers. To buriol, cremotion, or remanoilingury, or ather troumotic event, the	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEOU (b) Arterios DUE TO, OR AS A CONSEOU	Cailure DENCE OF Cleros: DENCE OF OSIS (e, Arterioscle is (generalize severe), Dehydr	ed), Cachexi ration	ia,	se 19	nate injerval noset and death 174-1980
N: The law re system. Cate has been constituent: 1 Hygiene prior 1 18 shaws any ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO		20e AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	G CAUSES (GS USED OF DEATH? NO
OR ATTENDING PHYSICIAN he hospitol or attending physician DIRECTOR: After this certification of the physician of the physician of the physician or the purity of the physician or the purity is marked or them 18 if hem 21 is marked or them 18	MEDICAL CER		HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	80 , on	211 LOCATION STREET 1974 19 d that in (my) 2000 pinion of Degree M. D. ATTENDING PHYSICIAN [2]	city or tow	N 19_ 19_ te and hour an	COUNTY 80	SIGNED
TO HOSPITAL refolined by to TO FUNERAL should be del with the Store IMPORTANT:		27d. PHYSICIAN'S NAME (TYPE O	rd E. Hall		Sykesvill				
BP	24	BURIAL, CREMATION, REMOVAL (SPECERY) BURIAL FUNERAL DIRECTOR Charles W. Bui	23b. DATE 23c. 1-11-1980 23c. rrier, Jr., Syl	Tay	Iorsville 10, Md. JA	taylors E REC'D. BY REGISTRAR 1 4 1980	ville.	Carr	STATE OLL Md

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		1	- STATE REGISTRAR		DEPART		TH AND MENTAL HYO TE OF DEATH	8 0 REG. N	0 1	6 3	
(Back)			ECEASED NAME FIRST WILL		E.	FRANK	LIN		MONTH DA	Y YEAR	26. HOUR P
		3. SI	Male	* RACE White		S. DATE OF BI	19,1922	6. AGE (IN YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN
eoth. Pos	Source Source	100	IRTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF	what country?	8	NEVER MARRIED	9 BALTIMORE CITY O	_	OF DEATH	MD.
O) s offer d by the fu	No patified		estminster		HOSPITAL, NURSING CHEACILITY, GIVE STREET 1 Co.Get	ADDRESS)	THER INSTITUTION Sospital	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Farmer		12b. KIND OF INDUSTRY	BUSINESS OR
MARYLAND 2120 ed within 24 hours mpletely filled in by ond 2 should be fill	must be	130	VAL RESIDENCE (IF NURSING HOME OF STATE 136 COU	PROTHER INSTITUTION		E ADMISSION)	INSIDE CITY LIMITS?	13e. STREET ADDRESS Route 2	2 - Bo	x 317	
MARYL, ted within ompletely and 2 sh	exemine ()	14. F	ATHER'S NAME Olin	MIDDLE F	Frank		MOTHER'S MAIDEN NA			Koon	tz
BALTIMORE, ote be execu- sician and co	medicol	160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES)	214-28-		Julia M	Franklin			¥13
I) W. PRESTON ST., BAI that the death certificate I by the ottending physici cose remove carbanapape	al, cremation, ar remaval. Ir ather traumatic event, th		PART I. DEATH WAS CAUS IMMEDIA Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse last.	DUE TO, O	RAS A CONSEQUE	ence of b	failer	Redomonan	1 e	BETWEEN OF	LATE INTERVAL VISET AND DEATH
ECORDS, 20 Dw requires been signed rmit. Then pl	prior to buri any injury, a	CERTIFICATION	PART 2 OTHER SIGNIFICANT	A	ONTRIBUTING TO D	uelic.	Hear o	AINAL DISEASE OR CON 200 AUTOPSY?	20b. IF YES,	WERE FINDING	GS USED
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir of official physicion. (ther this certificate has been signosthe buriol-transit permit. Ther	ental Hygiene Item 18 shaws		710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE)		DF INJURY .M. MONTH D.	AY YEAR	. HOW INJURY OCCUR	YES NO	YES		NO []
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R ATTENDIN hospital or RECTOR: Af	of Healt		220 I certify that (I) (this hasp sow the deceased alive a above, (I) (we) (did) (eld a	1-8	- 10 5	1 - 4 - 80 , and th	at in (my) (our) opinion	death occurred on the do			nat (I) (we) lost auses stated
Che ho	tote Dept NT: If Iten		Columnature Columnatured		anna	DEG M	D ATTENDING PHYSICIAN	MEDICAL STAI		Y 8	SO SO
TO HOSPITAL retained by the	with the Sto		22d PHYSICIAN'S NAME (TYPE CHITRACHE	DU N	AGANN	A I		in 81- Wes	domin	uter M.	D21157
BP			BURIAL, CREMATION, REMOVA (SPECIFY) Burial	23b. DATE 1-12.			TERY OR CREMATORY Memoria		Carr		Md.
DHMH - 16 50M (VR A 15 (4)			uneral director Charles W. Bui	rrier,	Jr., Syke	sville		TE REC'D, BY REGISTRAR	25b. REGISTRA	AR'S SIGNATU	RE .

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) Lillian OF ESTI-May DEATH MATED SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24. DATE HAST BIRTHDAY White PRONOUNCED t emale DEAD 7b. CITIZEN OF WHAT COUNTRY? Ja. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maruland WIDOWED [DIVORCED II. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS or inauch Facility, Grye street address)

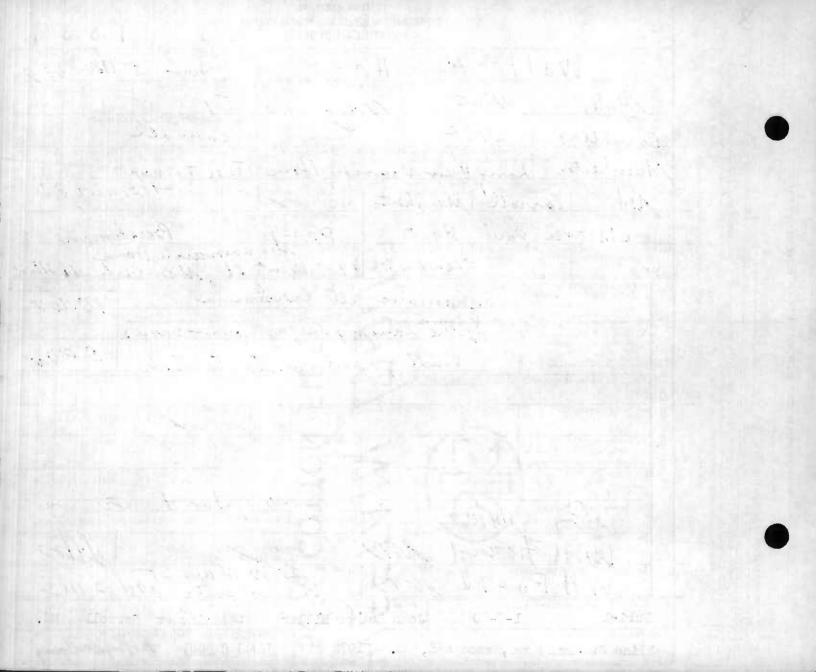
? Piney Run (ourt OR INDUSTRY Sykesville Jomestic Housewife USUAL RESIDENCE (IF IN NURSIFIED MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland In COUNTY undel LINTHICUM 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 18 Hampton Road 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Anniger illio Howard Kinstey 168. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 Hampton Road CAUSE OF DEATH (Enter only one cause pe APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gove rise to immediate couse (o) stating the under DUE TO OR AS A CONSEQUENCE OF lying couse lost. AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g.) CERTIFICATION 196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 9 YES VARDED TO THE CAGE 3 SHOULD BE ATE DEPARTMENT COLL PRIOR TO BURIA 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Inspection A Autapsy ond in my opinion death resulted from: Homicide Updetermined monner ACTUAL TO FUNERAL DAFTER DEATH, BALTIMORE, MA MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial Meadowridge Memoria BP. 24. FUNERAL DIRECTOR Patapsco Avenue 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH-17** VR A15 ME (5)) Balto. Md 15M 7/77 21225

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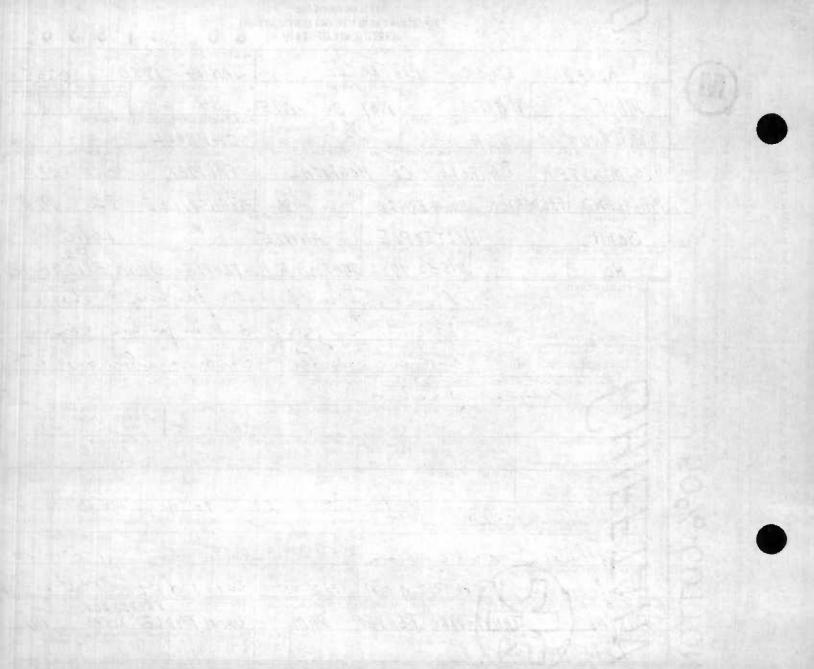
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N STR	female	4 RACE white	1 DATE OF BIRTH	34 1	GE (IN YEARS IF UI		R 24 HRS. 2c. DATE PRONOUNCED DEAD			11.2 PM
PRESTO	70. BIRTHPLACE FOREIGN COUNT	RY)	76. CITIZEN OF W	HAT COUNTRY	8. MARE	HED MEVER MAR	RIED 🔲	CITY OR COUNT		MD
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21201 IF ANY DEL 2, AND 3 TO 3. RETAIN P SHOULD BE I RECORDS,	USUAL RESIDEN 130. STATE Md.	CE (IF IN NURSING HOME (13b. COUN Carr	ITY	13c. CITY OR		13d. INSIDE CITY LIMITS? YES ☐ NO		estminst	er Pike	
MD. S 1, S 1	14. FATHER'S NA FIRST Willia	m	MIDDLE B.	Davi		15. MOTHER'S MAII	E.		Little	
AFTER NE PAC H FOR GES 1 SION (160. WAS DECEA (YES, NO, OR UN	SED EVER IN U.S. AR KNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)	188-20	5ECURITY NO. 6-1413	Mr. Kenne	th E. Hagan,	Westmin	ster, Md	ι.
MI ANT.	18 CAUS PART	DEATH (Enter or DEATH WAS CAUSE				on by com	oination of		APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
A P P P P P P P P P P P P P P P P P P P		tians, if any, which	DEDEX 600	emitrir		nortripty	line and chlo	ordiazepo	oxide	
	cause	rise to immediate (a) stating the <u>under</u> cause last.	< (0)	R AS A CONSEQ			PLY P			W
L RECORDS, 3 ULD BE EXEC "PENDING" EF MEDICAL SED AS A BU HEAITH ANI CREMATION,		R SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEAT	H BUT NOT RELATED TO	O THE TERMINAL DISEA	SE OR CONDITION GIVEN IN	PART 1 (a).			
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DIVISION OF VITAL RECORDS, 301 S CERTIFICATE SHOULD BE EXECUTE RITING THE WORD "PENDING" IN F ROED TO THE CHIEF MEDICAL EX. ROED TO THE CHIEF ABOUND RES 3 SHOULD BE USED AS A BURIAL E DEPARTMENT OF HEALTH AND M PRIOR TO BURIAL, CREMATION, OR		NAL CAUSE WAS NG OR JTING CAUSE OF	1 2	M. MONTH DA	V VEAD		ested overdo:		RT 2)	
DIVISION HIS CERTIFIE WRITING TH VARDED TO AGE 3 SHOI ATE DEPART	CONTRIB 21d INJUE WHILE AT WORK	NOT WHILE AT WORK		CTORY, FARM, ETC.)	THOME, 21f. LC	ocation 22 Old We	stminster Pil	ke Westm	inster,	Md. STATE
INER: T ICATE, F FORW TOR: P THE ST ND, 213		ertify that I taak charg	ge of the remains de	Accident	eld an Autor		ian , Inquiry Undetermined manner	, and in my ap	pinian	
MEDICAL EXAMINE CUTE THE CERTIFICA SE 4 SHOULD BE F. FUNEAR DIRECTO THE DEATH, WITH THE TIMORE, MARYLAND	ACTUAL SIGNATU	RE Chiga	nia Ll	Jolan /		TITLE (SPECIFY)	T MEDICAL EXAMINER	DATE R SIGNE	D 1-12-	-80
TO MEDICAL E EXECUTE THE ORGE 4 SHOL TO FUNERAL AFTER DEATH, BALTIMORE, M.	EXAMINE (TYPE OR	R'S NAME Vir	ginia L.		M.D.	ADDRESS 111	Penn Street			
A AFTER BALLII	(SPECIFY) Buri		236. DATE 1-15-80		E OF CEMETERY C	Miller Men	23d. LOCATION CHY OR TOWN We stminst		rroll 1	Md.
DHMH - 17 (VR A15 ME (5)) 30M 7/73	24 FUNERAL DI	RECTOR Funeral Ho	ome, Hamp	stead, N	Md. 210		AN1 6 1980	Sb. REGISTRAR'S S	SIGNATURE	6

SELECTION AND ADDRESS OF THE PARTY OF THE PA

	5	- 1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE
)			REGISTRAR	CERTIFICATE OF DEATH 8 QREG. NO. 0 1 5 3 4
		Ī	DECEASED NAME FIRST	MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
	nay be page 3 or death		V 1	4 Ter M. HARE Nam 4 1980 6300,
	ma), po	3	SEX	4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	ector rs af		Male	White North DAY YEAR 59 YRS. MONTHS DAYS HOURS MIN.
	9 2	J	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED VEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
	de at	5	Carroll to	WST WIDOWED DNORCED Carroll ME
	i i	1	D. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (I'P NOT INSUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
50	by t filled filled	0	Manuherter	home View Nursing Home Tree Trimmer
212	hou hou d'he		JSUAL RESIDENCE (IF NURSING HOM 30. STAJE 136 CC	ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) OUNTY 136. CITY OR TOWN 4 136. INSIDE CITY LIMITS? 136 STREET ADDRESS 4983 Want &
A C	in 24 l	9	Md Cu	wroll Munchester YES NO D
RYL	in 2	1	ATHER'S NAME	MIDDLE A LAST FIRST MIDDLE A LAST
W	Pa du o	06	Clarence	
ORE,	ond co	1	WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	S, GIVE WAR OR DATES)
BATTIMORE, MARYLAND 2120	an o		yes	120-16-1318 4983 Went RI Mancheste Ad 21102
BAC	ysici aper ivol. it, th		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAL	er anly ane cause per line for (a), (b), and (c) RETWEEN ONSET AND DEATH
ST.,	g ph on p		IMMED	DIATE CAUSE 10 quamous Cell Caraman 101101
No.	ath carbin carb		1619	DUE TO, OR AS A CONSEQUENCE OF
RESI	attend nave co ation, d		Conditions, if any, which gave rise to immediate	
δ.	t the t the ren rem ther t		couse (a), stating the underlying cause last.	e Due to, or asia consequence of
5	s tho			" mean and
5,3	signe signe a bur			INT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST	v red	-	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
RE	n. n. nos b no perm ne pr	71	DE CONTRACTOR OF THE CONTRACTO	MO CERTIFYING CAUSES OF DEATH?
IT A	y physician. g physician. ertificate has rial-transit per ental Hygiene tem 18 shaws	47	210. ACCIDENT WAS UNDERLYING	YES NO YES NO GO TEN YES NO GO TO THE NATURE OF INJURY NO TEM 18, PART 1 OR PART 2)
OF.	SICIAN: ng phys certifica rial-trai ental Hy	4 1	OR CONTRIBUTING TO CAUSE OF	PEDEATH HOUR A.M. MONTH DAY YEAR
NO	HYSIG Iding Is ce buric Men Anni Anni Anni Anni		(IF EITHER, NOTIFY MEDICAL EXAMILE 21d. INJURY OCCURRED	21e PLACE OF INJURY 211 LOCATION
INISI	G Pher the the the cond		WHILE ONOT WHILE O	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
	ar aff Se os solth mor			naspital) attended the deceased from Lead 1950 to Jun 4 1960, that The well last
	TOR TOR for u	1	saw the deceased dive	e on
	R ATTEN haspital IRECTOR hed for uf H tem 21 is		226. SIGNATURE	DEGREE 220. DAJE SIGNED
	the the Diff. If It		1/1/16	Town MI ATTENDING MEDICAL STAFF 1/4/80
	HOSPITAL ned by th FUNERAL uld be deto the State ORTANT: I		224. PHYSICIAN'S NAME (TY	
	+ 'C - C + C		WH	TOATH MD Man - Date - MN 21162.
	sho sho	2	30. BURIAL, CREMATION, REMOV	IVAL 236. DATE 236. NAME DE CEMENTRY OR CREMATORY 236. LOCATION CITY OR TOWN
	BP		Burial	1-8-80 John Luther Killer Westminster Carroll Md.
DHA	AH - 16 60M 7/73	2	4. FUNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	(VR A 15 (4))		Fline Fimerel	Home Hampsted Md. 2707/1 10100 history had



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	3. SE	x		RACE		5 DATE C			AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I		IF UNDER 24 HRS
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		10			216-32	2-0542	Mr.	Charle	s D. I	lyson,			
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	900	Conditions, if any		((b)_	chor	nu	UNES,	usn	6 July	my f	nen	7.	39
		gove rise to im	ng the	DUE TO C	R AS A CONSE	QUENCE OF						-11	
	113	underlying cous	e lost.	(c)_	as	+n	ma					, 0	920.
		PART 2 OTHER SIG	NIFICANT C	ONDITIONS C	ONTRIBUTING 1	O DEATH BUT	NOT RELATED	TO THE TERMI	VAL DISEASE O	RCONDITION	GIVEN IN PA	RT Ito	l .
	CERTIFICATION										-		
	CAT	190 DATE OF OPER	ATION	196 CONE	ITION FOR WH	ICH OPERATIO	N WAS PERFO	DRMED	20a. AUTOPS	(? 20b. 1	F YES, WERE F ERTIFYING CA		
ol	E								YES N	0	YES 🗀		NO 🗆
G	Ü	210. ACCIDENT WAS UN		216 TIME C	OF INJURY	DAY YEAR	21c HOW IN	NJURY OCCURRI	D (ENTER NATURE	OF INJURY IN ITE	a 18, Part I OR PA	RT 2)	
1	CAL	OR CONTRIBUTING [n	.M.	19							
	MEDIC	21d INJURY OCCUP	RRED		OF INJURY	or supur Exc.)	211 LOCATIO	ON	CIT	Y OR TOWN	COUNT	TV.	STATE
	Z	AT WORK AT W	ORK	(AT HOME, SI	IREET, PACTORT, OFFI	CE, FARM, ETC.)	0		-			0	317.16
		220 I certify that	This hospit	ol) ottended ti	he deceased fro	m ge	ily	19.3.5	_, to_/-	26	1986	. 11	har (I) (we) lo
		sow the deceo	sed alive on	1-	19	80,01	nd that is (m)	(our) opinion d	eoth occurred o	n the date and	hour and fra	m the c	ouses stated
		22b. SIGNATURE	did (did not	view the body	y offer death.	A	DEGREE		1		22c.	DATE S	SIGNED
		mc	Ta	stin	Rold	22	7. D'	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF	1 /-	.21	6-80
		22d PHYSICIAN'S N	AME LIVE OR	PRINT)	- Cor	-	22e ADDRES		DIRECTOR	FITTSICIANE		7	
1		MC	POO	TEB	EJE /	1	1/1	1 MF	CTE	Ad	M	d.	
	230 5	BURIAL, CREMATION	DEMOVAL	23b. DATE	12	3c. NAME OF C	EMETERY OR	CREMATORY	23d. LOCATIO	N	, ,		
	(SPECIFY)	, KEMOVAL	1-29				emeter	CITY OR TO	stead	Carr	1017	Md.
	L .	Burial		T-C7.	-00 1	namba r	dau V	OTHE POT.	1 main	Jugad	Oari	CTT	See PIC

ADDRESS

Eline Funeral Home, Hampstead, Md.

BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/76

24 FUNERAL DIRECTOR

(VR A 15 (4))

H. Perry Hypon White 9 9 1888 Farmettend understands Stone Jeerst nim . N basismas teered Harns and a Street Livert David a diver . Sid-E-Standaria My. Charles D. Branc, Bethosda, Nd. Burisl 1-29-00 Hamphosed Cametery Hamphosed Carroll Md.

FOR

REGISTRAR

24. FUNERAL DIRECTO

DHMH - 16 50M 1/76 (VR A 15 (4)) - STATE

STATE OF MARYLAND

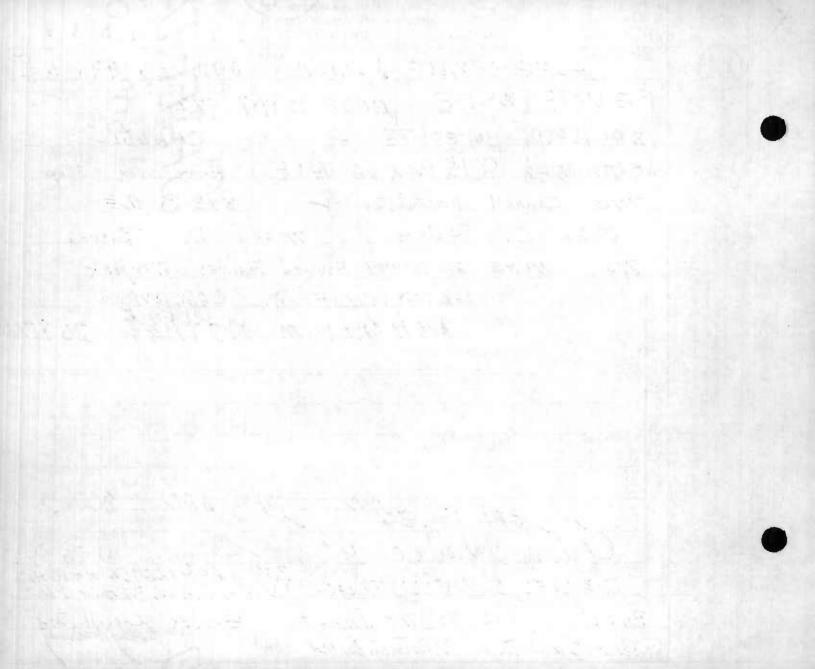
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250 DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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1/		1	STATE OF MARYLAND
3		1	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
-	· ·	1.	STATE CERTIFICATE OF DEATH 8 0 0 5 3 9
		1 DE	CEASED NAME FIRST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR.
	z([M])		ALMA CAMILLE JUNIUR. JAN ZO1980 10 AM
	1 1 2 2	3 SE	
	5 of 6	1	FEMALE WHITE MARCH 12 1907 72 YRS. MONTHS DATS HOURS MIN
	2 42 40		IRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED NEVER MARRIED 19 BALTIMORE CITY OR COUNTY OF DEATH
	1 15	1	MARYLAND (INITED STATIONED DIVORCED [] CARROLL MD.
	1 1 1	10 C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOTE, SUCH FAUNTY, GYASTREET ADDRESS) 12. LIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
201	tilled the	111	5 GIMINGIEN & 42 VEIL WAD 1968 HAIR GRESSER Ship
10 21	filled in could be	130. 9	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136. CITY OR TOWN 136. INSIDE CITY LIMITS? 136. STREET ADDRESS
TAN	> 5	14 FA	ATHER'S NAME IS MOTHER'S MAIDEN NAME
ARY	mpletel ond 2		FIRST MIDDLE LAST
, X	5 8-	16a V	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
AOR	n ond o	()	YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)
BALTIM	0 0 0		190 MOTTE 212-12-1959 HOWARD HAITTES, THEW YORK
A A	physical on poper emovol.		18 CAUSE OF DEATH (Enter only one couse per Ine for 101, (b), and ic) PART I. DEATH WAS CAUSED BY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL
ST.	e e e		IMMEDIATE CAUSE (6) 1427 BALVO SCLE PLOTIC CARATIOVASOL
NO.	4 600 6		4737 DUE TO, OR AS A CONSEQUENCE OF STATE OF STA
PREST	the death		Conditions, if ony, which gove rise to immediate
*	t the re-		couse (c). stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost
201	- 000 -		(c)
	equires signer Then pl to burn njury, c	N N	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
RECORDS	w re	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
AL RE	hos I perr	IFF	IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
AT/	hysicion. Icote hos ronsit per Hygiene	1 8	216. ACCIDENT WAS UNDERLYING 7 216. TIME OF INJURY 21C. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
P.	SICIAN Tong physicing physicing certificate ringl-transite entol Hygin Item 18 sh		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR
O	din din Me	MEDICAL	21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION
DIVISION OF VIT	the the ond	¥	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
۵			22a.1 certify that (I) (this haspital) attended the deceased from 1974 to 1970, that (we) lost
	TT pot of		sow the deceased alive an analysis of the body after death. I alice on the dot on the do
	he hosp DIRECT Toched for Dept. o		226. SIGNATURE 221. DATE SIGNED
	TAL OI Y the RAL DII detock tote De		HILLE MATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 1 - 76 63
	HOSPITAL ined by the FUNERAL uld be deta the Stote	1	22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 7:01 DCHINCHOL HEIL
	0 0 0 7 0		DANIEL E. WELLIVERLYD. TIPECTIA METERINA
	Of Specific Property of the Pr	23 o. B	BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY STATE
	BP	1	BURIAL 1-23-80 717 PLEASANT GAMPER CARALL 214
Di	HMH - 16 60M 1/75	24. FL	JNERAL DIRECTOR ADDRESS # 250 DATE REC'D BY REGISTRAP ISIN TEGER PAR SAME
	(VR A 15 (4))	10	Tobout Tyle Unites &r. Washmensles, Mat JAN 60 1980



1	DIVISION OF VITAL RE	CORDS, 301 W. PRESTON STREET, BALTIN	8 0 0 1 6 4 0
ond 2 death.	DECEASED-NAME First Min (Type or print) Baby Girl	dle Lost KR ETZER	2a. DATE OF DEATH Month Doy Year 1980 9 P M
	SEX 4 RACE white	S. DATE OF BIRTH 1/31/80	6. AGE (In years let under 1 YEAR if under 24 Hrs. last birthday) Newborn YRS. 14
5	a. BIRTHPLACE (State or foreign ountry) Maryland D. CITY OR TOWN OF DEATH Westminster 7b. CITIZEN OF WHAT COUNTR 11. NAME OF HOSE give a test and the	WIDOWED DIVORCED	Carroll Md. OCCUPATION (Kind of work done to f working life, even if retired.) Md. 12b. KIND OF BUSINESS OR INDUSTRY
1	3a. USUAL RESIDENCE (Where deceased lived, if institution: Residen dmission) STATE Md. 13b. OUNTYroll	ce before 13c. CITY OR TOWN 13d. INSIDE CITY LIMIN Westminster YES NO	
h	4. FATHER'S NAME First Middle Charles Joseph Ki	lost IS. MOTHER'S MAIDEN NAME First	
		SECURITY NO. 17. INFORMANT	Address arrollyn Dr. Westminster, Md.
	18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (i PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)), and (c).) Premature de	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave is to immediate cause (o).		
	last. (c)		MONTON COVEN IN DARY V.
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	THE BUT NOT KELATED TO THE TERMINAL DISEASE OF CO	NUTTON GIVEN IN FAKT I(0)
1	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 21b. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY	YES NO	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	G OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month (If either, notify medical examiner) P.M.	ay Yeor	noture of injury in Part 1 or Part 2, Item 18.)
	While Not while at work of work	M, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No.	City or Town County State
	22a. I certify that (i) (this hospital) attended the saw the deceased all the causes stated above, (i) (we) (did) (did nat)	deceased fram	U, ta
	226. SIGNATURE Jacqueline J.		D. STAFF 22c. DATE SIGNED PHYS. 1/3/80
	22d. PHYSICIAN Jacqueline Lord.M.		er, Maryland 21157
	refina (Smity) 1/31/80 Ca	NAME OF CEMETERY OR CREMATORY APPORESS 1250. REC'D BY	23d. LOCATION (City or Town) (County) (Stote) Westminster Carroll Maryland
	Charles Graf, Hospital Admir		REGISTRAR 980 25b. REGISTRAR'S SIGNATURE Creatly

MARYLAND STATE DEPARTMENT OF HEALTH

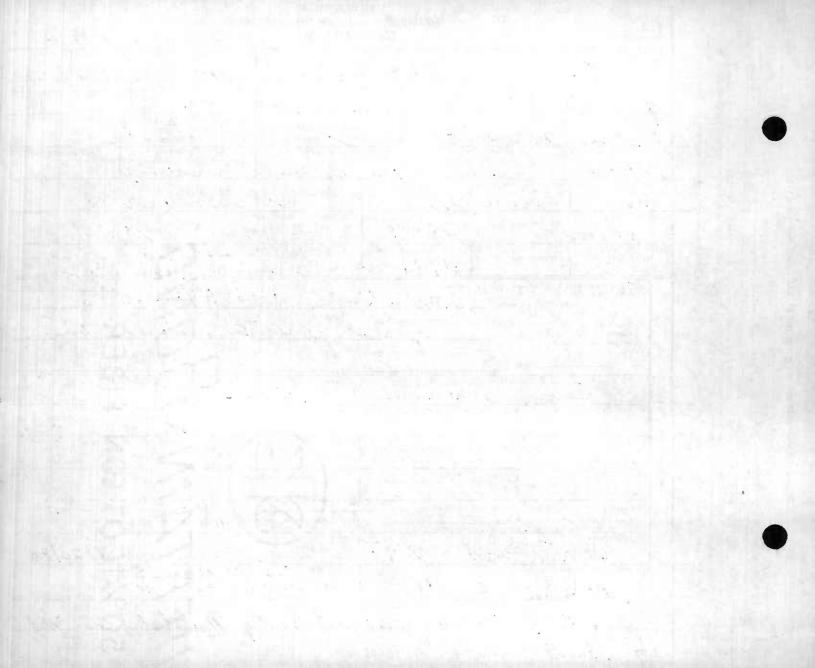
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME Za. DATE KNOWNXXX 2b. HOUR (TYPE OR PRINT) 1-14 ESTI-80 DEATH MATED LAMBERT ROBERT DAVIDSON 19 3 SEX 4 RACE 5. DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DI AGUR DATE LAST BIRTHDAY) MONTHS PRONOUNCED 1-14 80 white Dec. 27,194 DEAD male 5 FOR 10 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. Carroll County Tenn. DIVORCED WITH FORM PM 3. RETAIN PAGE 5. PAGES 1 AND 2 SHOULD BE FILED, V DIVISION OF-VITAL RECORDS, 301 W. II CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) 4115 Baptist Rd. Builder onstruction Taneytown USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) |13d. INSIDE CITY LIMITS? |13. STREET ADDRESS | 3500 Hanover Pike Carroll anchester 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Schultz Robert Kathryn Lambert. 7 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO Hanover Pike (YES, NO, OR UNKNOWN) 045-34-8769 Arbana Lambert Manchester. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) CAL EXAMINER ALONG V BURIAL-TRANSIT PERMIT. AND MENTAL HYGIENE, D PART I DEATH WAS CAUSED BY: Hanging IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) E USED AS A B CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 70 AUTOPSY? BURIAL, YES X NO DED TO THE C 3 SHOULD BE DEPARTMENT (8E 71a. EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH UNDERLYING TO OR subject hanged self 0 MEDICAL CONTRIBUTING CAUSE OF DEATH PRIOR 1 PAGE 3 SH 21d. INJURY OCCURRED 71e PLACE OF INJURY (AT HOME, 211 LOCATION rafter in basement 4115 Baptist Rd. Taneytown, Maryland WHILE NOT WHILE X PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21: Autopsy X 22a. I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my apinion Suicide XX death resulted fram: Accident Hamicide Undetermined manner Natural causes TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER SIGNED 1-15-80 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street (TYPE OR PRINT) 236. LOCATION 73a. BURIAL, CREMATION, REMOVAL 73b. DATE 23c. NAME OF CEMETERY OR CREMATORY Jan.17.1980 Lakeview Mem. Burial Sykesville Park 24. FUNERAL DIRECTOR **DHMH - 17** Tintry McCready Menchester, Md. (VR A15 ME (5)) 15M 7/77

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STATE OF MARYLAND

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e low requires that the death certificate nos been signed by the attending physici permit. Then please remove carbon paper ne prior to buriol, cremation, ar removal.	9	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, C (b) DUE TO, C (c) CONDITIONS C	DR AS A CONS OR AS A CONS OR AS A CONS ON	SEQUENCE OF SEQUEN	NOT RELATED TO THE SERVICE OF THE SE	rig 11 reason terminal disease rical 200 AUTO	PSY? 20b. IF Y	GIVEN IN PART 110 LING LANGE VES. WERE FINDING TIFYING CAUSES	OF DEATHS
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Eline Funeral Home, Hampstead, Md. 210

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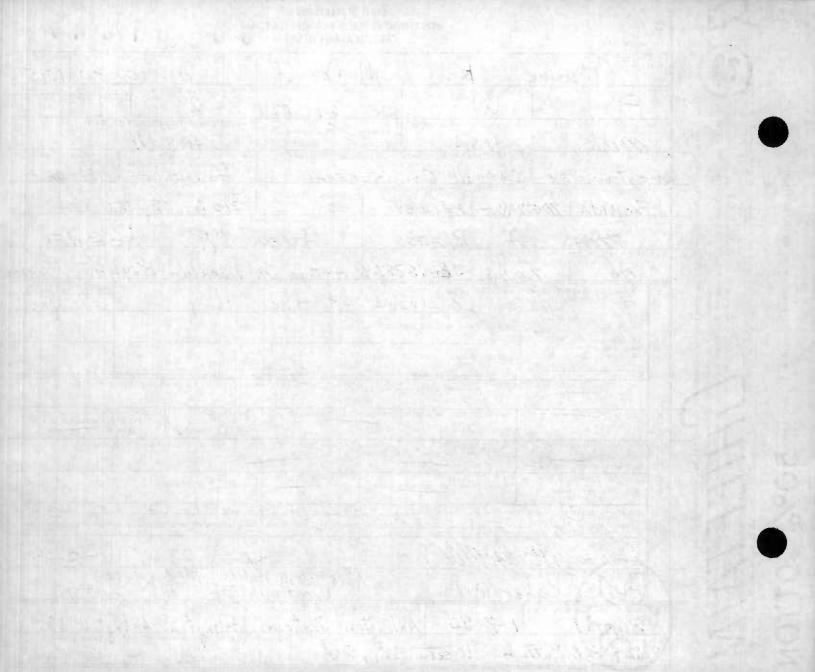
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH & Middle 2g. DATE OF DEATH 1. DECEASED-NAME and 2 death. Month funeral 3 and (Type ar print) IE UNDER I YEAR please remave carban papers. Pages 1 I and in any event, within 72 haurs after 4. RACE DATE OF BIRTH 6. AGE (In years 3. SEX HOURS last birthday) MONTHS DAYS 7-16-84 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED Carroll County WIDOWED TO DIVORCED T Washington, D.C. U.S.A. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 signed by the attending physician and campletely filled burial-transit permit. Then please remave carban pape 12a. USUAL OCCUPATION (Kind of work dane 11. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR Springfield Hosp. Center INDUSTRY during most of warking life, even if retired.) Sykesville 13e. STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Montgomery 116hl Glen Road odmission) STATE Maryland YES X NO 🗍 Potomac Middle 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Charles Seitz Marv Ell en Fitzgerald 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Sykeswille, Maryland (Yes, nover unknown) Records, Springfield Hospital 577-03-2549 burial, crematian, ar remaval, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Page 4 may be retained by the haspital ar attending physician PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Health prior ta the 190. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? use as CAUSES OF DEATH? YES 🗌 O FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21o. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year State Dept. af (If either, notify medical examiner 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY.) 21f. LOCATION State City or Town County While Nat while at wark at wark 22a. I certify that (7) (this haspital) attended the deceased from ta directar, page 3 shauld shauld be filed with the 22c. DATE SIGNED 22b. SIGNATURE ATTENDING PHYS. MED. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Tawn) 23c. NAME OF CEMETERY OR CREMATDRY (County) (State) 23a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify) D.C. MT. OLIVET CEMETERY WASHINGTON 1-11-80 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ROCKVILLE ROBERT A. PUMPHREY FUNERAL HOMES P/A 25m-1/70

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TO FUNERAL DIRECTOR: After this certificate has been

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2		John		P	Chatham	1.98	Ethel			Causev	
		VAS DECEASED EVER (ES, NO OR UNKNOWN) NO		WAR OR DATES)	166 SOCIAL SECU 252–10–73		Robert M.	Pol:		ll Heights	7
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Westminster.

23c. NAME OF CEMETERY OR CREMATORY

Smithburg Crematory

BP.

DHMH - 16 50M 7/77 (VR A 15 (4))

Cremation Feb. 4,1980 Smithburg Crematory Smi

74 FUNERAL DIRECTOR

NAME

Skiles Funeral Home, 136 E. Balto. Taneytown, Mcker Officerors

4,1980

Park W. Espenschade, Jr.

23b. DATE

Feb.

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

73d OCATION CITY OF TOWN Smithburg, Washington, Md. STATE

Maryland

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Eline Funeral Home, Hampstead, Md.

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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3	SEX	4 RACE		5. DATE O	F BIRTH	C B S E	6. AGE (IN YEAR	S LAST BIRTHDAY)		INDER I YEAR	IF UNDER 24 HRS
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4.			are	BITY NO	17 INFOR	Deliah		Rich	ards	3	
ľ	60. WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) {IF YES,	GIVE WAR OR DATES)	166 SOCIAL SECU	KITT NO.	17 INFO	RMAINI		ADDRESS			
L	No N	one	214-50.	2098	John	w. Rea	verJe We	stmins	ter,	Md.	
Т	18 CAUSE OF DEATH (Enter PART I, DEATH WAS CA		line for call (b), an	dig						BETWEEN	MATE INTERVAL ONSET AND DEATH
L		DIATE CAUSE (a)	melasla	tes a	acc	enome	uf cal	02-		mos	
1	1529	DUE TO O	R AS A CONSEQUE	NCE OF					1		
ı	Canditians, if any, which										
1	gave rise to immediate cause (a), stating the		R AS A CONSEQUE	NCEOF							
1	underlying couse lost		R AS A CONSECUE	INCE OF							
1	PART 2. OTHER SIGNIFICAL	NT CONDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELA	TED TO THE TERM	AINAL DISEASE O	OR CONDITION	GIVEN	IN PART 1(01
1											
+	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PE	RFORMED	20a AUTOPS			ERE FINDIN	
	DI .						YES T N	NO IN CE	YES T	IG CAUSES	OF DEATH?
Ŧ	210. ACCIDENT WAS UNDERLYING	21b. TIME O	F INJURY		21c. HOV	V INJURY OCCUR		- 02		I OR PART 2)	1.0
	OR CONTRACTOR CAUSE O	F DEATH HOUR A.	M. MONTH D								
1	(IF EITHER, NOTIFY MEDICAL EXAM			19	211 LOC	ATION					
л	(IF EITHER, NOTIFY MEDICAL EXAM 21d. IN JURY OCCURRED WHILE NOT WHILE	21e PLACE	REET, FACTORY, OFFICE, F	ARM, ETC.)		REET	c	ITY OR TOWN		COUNTY	STATE
1	AT WORK			200	1					11.	
1	22a.1 certify that (1) (this h	and the same of th			1/3	1980	, ta	1/2/			that (I) (we) last
1	sow the deceased alive abave, (1) (we) (did) (di		offer death.	, ar	nd that in (my) (aur) opinian	death accurred	an the date and	haur ar	nd from the	causes stated
ı	226. SIGNATURE	//			DEGREE	4775415446		CTAPP		22c. DATE	SIGNED
ı	Vineaust	prior	es Ch 1	UD		PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN [0	1/2	11/80
	27d PHYSICIAN'S MANE IT	OR PRINTS	0	21.30	22e ADD	RESS					7
	V										
+	230. BURIAL, CREMATION, REMO	VAL 23b. DATE	230	NAME OF C	EMETERY	OR CREMATORY	23d. LOCAT				
	(SPECIEY)	100.07116				J	CITY OR T		CO	UNTY	STATE

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MPORTANT: If Item 21 is marked ar Item 18 shaws any

DHMH - 16 50M 7/77 (VR A 15 (4))

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24 FUNERAL DIRECTOR

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Westminster Carroll Pice 250. DATE REC'D. BY REGISTRAR 256 HEDISTRAR'S SIGNATURE 250. 1000

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106 East Church St., Frederick, Md. 21701

FOR

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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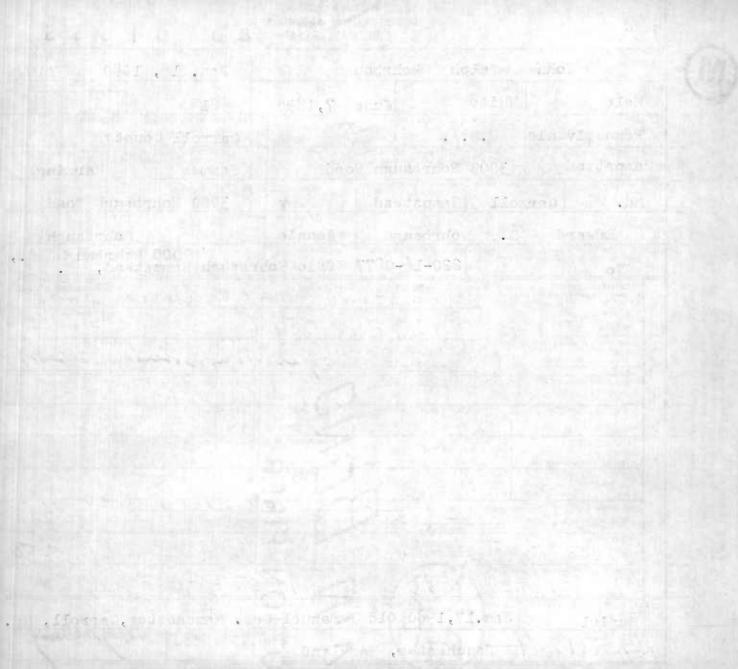
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(VRA 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-(NMI) DEATH MATED 198 Dorsey 4 RACE 6. AGE (IN YEARS IF UNDER 62 YEAR 3 SEX DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED 1917 Male White DEAD 7a. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland U.S.A. Carroll County, WIDOWED DIVORCED N PAGE 5 BE FILED, V DS, 301 W. 10. CITY OR TOWN OF DEATH o Drive Detour (residence ORDS. RETAIN USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 1021 Circle Drive Maryland Carroll Detour YES X NO [PAGES 1 AND 2 S DIVISION OFVITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Cannon Harvey Scheetz Annie Mrs. Frances M. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. Scheetz (same (YES, NO, OR UNKNOWN) Mrs. 218-07-2345 above 18. CAUSE OF DEATH (Enter only one couse per for(a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: OR REMOVAL. IMMEDIATE CAUSE (o DR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS CONSEQUENCE OF lying cause last. CREMATION, O AL E BURI DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEAL NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E DEPARTMENT OF PRIOR TO BURIAL, C OF YES NO I 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (ATHOME. If LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.I STREET WHILE AT WORK CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE S' BALTIMORE, MARYLAND, 21 22a. I certify that Flook charge of the remains described about 1 and an Autopsy Inquiry 2 and in my apinian Inspection deoth resulted from: Homicade Undetermined monner TITLE 2000 SIGNATURE EXAMINER'S NAME 23a BURIAL CREMATION & 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial Rocks Frederick Md St.Paul's BP Cemeter W LEGISTRARY SUC, ATURE DHMH - 17 (VR A15 ME (5)) 15M 7/77

STATE OF MARYLAND

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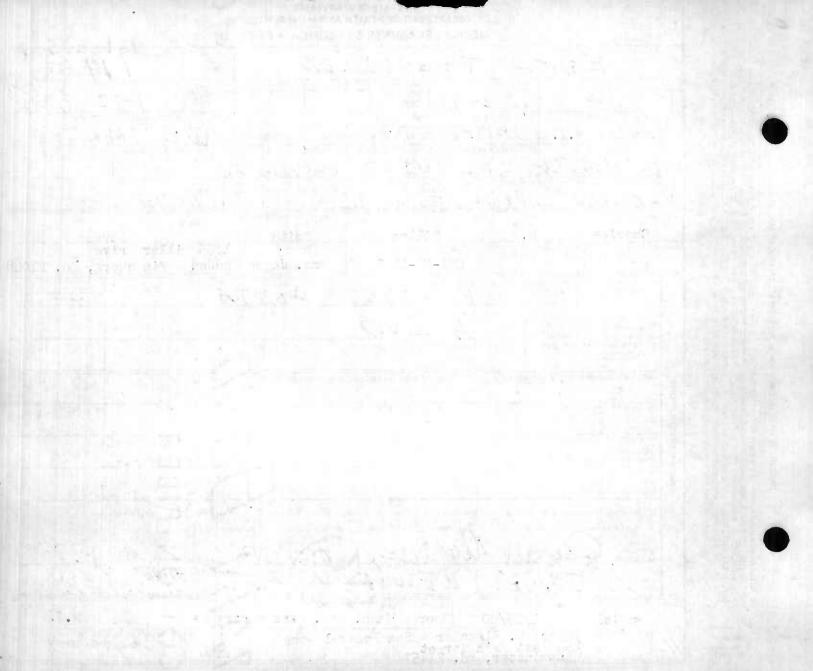
DHMH - 16 50M 7/7 (VR A 15 (4))

			STATE OF MARTLAND							
	,	FOR		DEPARTMENT OF	HEALTH AND MENTAL HYG	SIENE				
	-	- STATE REGISTRAR	CERTIFICATE OF DEA			80				
	1.05		WIDDLE		LAST	20. DATE OF DEATH MONTH	DAY YEAR 2h HOUR			
		OR PRINT)	1		/ /	20. DATE OF DEATH MONTH	13. 110011			
		Zmma		- 5	hipley	01	05 80 0555 N			
A	Female		4 RACE		DF BIRTH /	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN			
			White	Mar	ch 18,1906	73 yrs. 9 17				
W		IRTHPLACE (STATE OF FOREIGN OUNTRY)	76 CITIZEN OF WHAT	COUNTRY? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR COU				
50			U.S.A.	WIDOWI		Carroll Co.	THE STATE OF THE S			
000		estminster	Carroll C	o. General	ROTHER INSTITUTION L Hospital	120. USUAL OCCUPATION (1325 OF WORK FOR MOST OF WORKIN HOUSEWITE	12b. KIND OF BUSINESS OR INDUSTRY			
E .	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RES	SIDENCE BEFORE ADMISSION)	113d INSIDE CITY LIMITS?	13e STREET ADDRESS				
E A	M	aryland Car		kesville	YES NOX	635 Streake	er Road			
Jine	14. FA	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	WE	12457			
E) lal		William	J.	Grimes	Mary	Model	Bell			
ly injury, or other troumotic event, the medicol		WAS DECEASED EVER IN U.S. AR		OCIAL SECURITY NO.	17 INFORMANT	ADDRESS				
	(,	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	9-30-7200	Robert A.	Shipley, Sam				
		18. CAUSE OF DEATH (Enter or	nly one couse per line for	r 101, 161, and 101			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
		PART I. DEATH WAS CAUSE	TE CAUSE (o)	Cardiac	atrest		2 days			
		4-2112		CONSEQUENCE OF			7.1			
	-16	Conditions, if ony, which	(CONSEQUENCE OF						
		gove rise to immediate	(b)							
		couse (0), stoting the underlying couse lost.	DUE TO, OR AS A	CONSEQUENCE OF			the line is the			
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)								
	Z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIB	SUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)			
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION I	OR WHICH OPERATIO	ON WAS PERFORMED	20a. AUTOPSY? 20b. II	DPSY? 206. IF YES, WERE FINDINGS USED			
57	F					IN CE	RTIFYING CAUSES OF DEATH?			
2	E		2 20 70 5 05 15 10 1	DV	In How himpy occup	YES NO	YES NO			
yed or Item 18 s		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	216 TIME OF INJU	NONTH DAY YEAR	ZIE HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	118, PART 1 OR PART 2}			
	3	(IF EITHER, NOTIFY MEDICAL EXAMINER		19						
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJ	URY TORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
	Z	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FAC	OR), OFFICE, FARM, ETC						
is morked	13	22a.l certify that (11) this hosp			19 80	0 10 1-5	, 19_80, thotal (we) lost			
	100	sow the decease glive on								
Hem		THE SIGNATURE AN	224 DATE SIGNED							
-		allrow A18	1-5-80							
Z	1	224 PHYSICIAN'S NAME (TYPE C	OR BICINT)		220 ADDRESS	Halts Modices	Center			
MPORTANT: If Hem 21	100	HIVA S.	Daket	M.D	118 Wash 1	stuinster M	0 21157			
₹—	23a F	BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF	CEMETERY OR CREMATORY	23d. LOCATION				
	(SPECIFY) Burial	1-8-198		thel	Winfield.	Carroll. Md.			
	24 FI	UNERAL DIRECTOR	1 0 1/0	7 20		TE REC'D, BY REGISTRAR 256. RE				
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S NECESSARY PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES D, WITHIN 72 HOURS W, PRESTON STREET	3. SEX		4 RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YE.	AY) MONTH	DER I YR.	IF UNDER		21. DATE PRONOUN DEAD	NCED	MONTH	DAY	THE STA	IT HOW
RAL D. R. YOU HIN 7	Za Bl	RTHPLACE (ST	White MATE OR	Aug. 18,	VHAT COUN	72 YE	2	D NE	VER MARR	IED 🗆		TO THE	OR COU	NTY OF D	EATH	PM
NEC.	-	Maryla			.A.		WIDOW	ED 🖾	DIVORC	ED 🗆		arrol	L1 Co	1101 1/1	ID 05 0	MD
ELAY IS TO THE PAGE BE FILED S, 301 V	We	stmins	ter	11. NAME OF HO	FACILITY, GIVES	nty Ger	neral			FOR A	NOST OF WOR	ewife		OR	ID OF BUSTR	Y
ANY DANY DAND 3 RETAIN FECORD	13a. S	RESIDENCE TATE TVland	(IF IN NURSING HOME O	TY	13c. CITY	OR TOWN		13d. INSIDE CI	ITY LIMITS?	13e. STRE	EET ADDRE	ss	er Ro	nd		
DEATH. IF RES 1, 2, A PM 3. A PM 2 SH AND 2 SH	14. FA	THER'S NAME		WIDDLE		LAST		IS. MOTHE	R'S MAIDE Bessi	EN NAME		NODLE			AST	
UURS AFTER DEATH. IF ANY DELAY IS NI UURS AFTER DEATH. IF ANY DELAY IS NI B. GIVE PAGES 1, 2, AND 3 TO THE FL WITH FORM PM 3. RETAIN PAGE 5 F. PAGES 1 AND 2 SHOULD BE FILED. DIVISION OF VITAL RECORDS, 301 W.	16a. W		DEVER IN U.S. ARA	MED FORCES?	16b. SOC	1AL SECURIT	1	17. INFORA			617 Brun	Bruns	swick Md.	St.	16.1	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., B CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR ITING THE WORD "PENDING" IN PENCIL IN ITEM 18. IDED TO THE CHIEF MEDICAL EXAMINER ALONG W IS 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT. F DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DI PRIOR TO BURIAL, CREMATION, OR REMOVAL.		Condition gove ris	ns, if any, which se to immediate stating the <u>under</u> -	D BY: E CAUSE (o) DUE TO, O	CLIQUE OR AS A CON	- 11		Can	dio	Vace	redev	Dere	edo	AP BETW	PROXIMATE /EEN ONSET	INTÉRVAL AND DEATH
L RECORDS, 3 ULD BE EXECT ULD BE EXECT "PENDING" EF MEDICAL SED AS A BUR HEALTH AND CREMATION,	NO	PART 2 DTHER SIG	GNIFICANT CONDITIONS C	CONTRIBUTING TO DEAT	H BUT NOT RELA	TED TO THE TERM	INAL DISEASE	DR CONDITION	N GIVEN IN PA	IRT 1 (a)						
SHOULD DRD "PER CHIEF A RE USED TO F HEAL CREVIAL, CREVIAL	IIFICATI	190, DATE OF	OPERATION	19b COND	OITION FOR Y	WHICH OPER	ATION W	AS PERFOR	MED?						UTOPSY?	NO &C
CERTIFICATE SHOTING THE WORD 3 SHOULD BE U DEPARTMENT OF PRIOR TO BURAL	MEDICAL CERTIFICATION	UNDERLYING	CAUSE WAS OR OG CAUSE OF D		OF INJURY M. MONTH M.	DAY YEAR		W INJURY	OCCURRE	D LENTER N	ATURE OF IN	JURY IN ITEM	18 PART I OR	PART 2)		
CERT MITING MEDED 1 FOR 3 SH ATE DEPA	MEDI	21d. INJURY C WHILE AT WORK	NOT WHILE AT WORK		OF INJURY		21f. LOC	ATION			CITY OR TO	WN	C	OUNTY		STATE
DICAL EXAMINER. 1 F. THE CERTIFICATE, 4 SHOULD BE FORW. NERAL DIRECTOR. F. GGESTH, WITH THE ST.		22n I certification of the second of the sec	ty that I took charge	e a) he remains de el courer	Accident		Autops de	Homic	Inspectio	Undete	Inquire ermined mi	onner	DATI	13	Jan Sme	180
- C	23a.Bl	PECIFY)	TION, REMOVAL 2			NAME OF CEA	METERY OF	CREMATO	ORY	20	CATION			YTAU	ST	ATE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH 1. DECEASED-NAME Lost 2b. HOUR Pages 1 and 2 requires that the death certificate be executed within 24 haurs after death MELVIN Month Yeor Q (Type or print) WARD 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR 3. SEX lost birthdoy) 84 -28-95 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED XNEVER MARRIED = country) Carrol1 Ohio USA DIVORCED [WIDOWED [signed by the attending physician and completely filled burial transit permit. Then please remave carban pape 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol give street oddress)

Springfield Hospital 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Colone1 INDUSTRY Sykesville Army Ret 13o. USUAL RESIDENCE (Where deceosed lived institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Montgomery YES 🕝 NO [Bethesda 10636 Montrose Ave. Apt. 103 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Lost Hannah A. Kirpatrick Starr Jasper and 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 10636 Montros Addre Ave. Apt. 103 Yes, no, or unknown) 219-26-6810 Jean F. Starr Bethesda, Md. burial, crematian, ar remava 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0) MYOCARDI AL INFARCTION DUE TO, OR AS A CONSEQUENCE OF PNEUMONIA Conditions, if ony, which gove) rise to immediate couse (a), AKTEMO SLLERSIK DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse + CEREBRO VARCULAR DIS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) OF EUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health priar to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗔 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED Stote City or Town County While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from 10-24, 1979, ta 1-6, 1980, that (I) (we) las sow the deceased olive an 1980, and that in (my) (our) opinion death occurred on the date and hour and from the be retained couses stated above, (1) (we) (did) (did not) view the bady ofter death. 22b. SIGNATURE ATTENDING DEGREE PHYS 22e. ADDRESS e. ADDRESS Springfield Hospital Center Sykesville, Md. 21784 ESENDAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, BUTTAL (Specify) Jan. 9, 80 Arlington National Arlington, Va. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Hines/Rinaldi Funeral Home 24. FUNERAL DIRECTOR VR A15 (4) 9 1980 11800 New Hampshire Ave. Silver Spring, Md. DATE AN 25m-1/70

F L PART OF THE PROPERTY AND INC. A TO THE TOTAL OF

1		STATE OF MARYLAND								
6	1 - STATE DEPARTM	MENT OF HEALTH AND MENTAL HYGIENE								
	REGISTRAR	CERTIFICATE OF DEATH	0 0 0 1							
	DECEASED NAME FIRST MIDDLE	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR							
(na)	(TYPE OR PRINT) Winifred	Teehan	28-80 11 50 "							
(INT)	3 SEX A RACE	5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS							
8	temate Can.	MONTH DAY YEAR 79 YE								
neral the nation of once.	70. BIRTHPLACE ISTATE OR FOREIGN SOLINTRY) Live Land U.S. A.	MARRIED NEVER MARRIED OF CANOIL	County MD.							
her d with	10. CITY OR TOWN OF DEATH	G HOME OR OTHER INSTITUTION , 120 USUAL OCCUPATION	126. KIND OF BUSINESS OR							
# +P #/ N	Westminster CArvoll Co	Gen. Hospital Housewith	e							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN; The low requires that the death certificate be executed within 24 hours or rattending physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers, Pages 1 and 2 should be file than and Mental Hygiene prior to burial, cremation, or removal. On the 18 shows any injury, or other traumatic event, the medical examinermust be particularly and the statements.	USUAL RESIDENCE (IF NOR 1997) AND TRANSTITUTION, GIVE RESIDENCE BEFORE 130 STATE 131 CITY OR TOWN BALTO. GLYNC	N 134 INSIDE CITY LIMITS? 130. STREET ADDRESS	er Rd.							
MARYL ed within mpletely ond 2 sh	A FATHER'S NAME POTEL MIDDLE SLAFKE	15 MOTHER'S MAIDEN NAME CAThering MIDDLE	Grady							
RE, N	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECUP	RITY NO 17 INFORMANT ADDRESS	10-11-11-							
be exe	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 721-14-9462 LLoyd. J. Hammond 204 Court LAND AUR. 21204									
VST., BAL certificate ng physicis bon paper remaval.	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and PART I. DEATH WAS CAUSED BY:		BETWEEN ONSET AND DEATH							
ON ST nding carbon aric ev	1749 DUE TO, OR AS A CONSEQUENCE OF									
RESTON e death ce mave carb intention, or i	Conditions, if ony, which (1b)	Breast	240							
the or remoternation	gove rise to immediate couse (a), stating the DUETO, OR AS A CONSEQUE	NCE OF								
that that d by fease ial, c	underlying cause last.									
RDS, 2C equires n signed Then pl to buri		<u>DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION	GIVEN IN PART 1(a)							
RECOR. In the permit. In a prior we any we any	190 DATE OF OPERATION 196. CONDITION FOR WHICH (210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY	OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF IN CE	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{VE} \)							
VITAL RE IN: The Ich system. Icate has consit per Hygiene IB shaws	21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY	21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM								
SION OF VII	OD SOMETIME OF STATE HOUR A.M. MONTH DA	AY YEAR								
ON OF HYSICIA ding ph is certifi burial-tr Mental	21d. INJURY OCCURRED 21e. PLACE OF INJURY	211 LOCATION								
VISIC G PH atten atten er thi s the l	WHILE NOT WHILE AT WORK AT WORK	ARM, ETC.) STREET CITY OR TOWN	COUNTY STATE							
DO OE	220.1 certify that (1) (this haspital) attended the deceased from	12/14 1979 10 2/28	, 19 60 , that (I) (lost							
R ATEN haspital RECTOR, sed for use pp. of He	sow the deceased alive on 19 0, and that in (my) (a) opinion death accurred on the date and hour and from the causes stated lave. (I) (a) (did and view the body after death.									
OR A DIRECTOR A DORECTOR DIRECTOR DEPT.	THE STENATURE C. P.D.	DEGREE	22c. DATE SIGNED							
	John & Stilly	MD. ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	1/28/80							
HOSPITAL (inted by the funERAL I wild be deto h the Store I oortant: if	277 PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS	1/1/1							
Power of the Power	John E. Steers n	nD 210 Washington Hts.	Westminster mo							
5 5 5 4 X	(CDECIEN)	NAME OF CEMETERY OR CREMATORY 238 LOCATION CHORDON	COUNTY) /STATE /							
4044 BP	BUVIAL JAN.31,1980 E	vergreen Mem GArdens Finksbi	ung, CANNOLL, MC.							
DHMH-16 50M 7/77	24 FUNERAL DIRECTOR ADDRESS	In 1/- 14 250. DATA REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE							

WEST CONTROL OF THE PROPERTY O

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR MIDDLE 2a. DATE OF DEATH DECEASED NAME FIRST MONTH 2b HOUR LTYPE OF PRINTS OCCH 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH Caucasien 7a BIRTHPLACE 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED WIDOWED DIVORCED [OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY DSTEAD unstruction USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13¢ CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS OAKRIDGE RD 50 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE mena 392351 Paul RS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) PART I. DEATH WAS CAUSED BY PRESTON ST. IMMEDIATE CAUSE (0 Conditions, if ony, which gove rise to immediate couse 101, stoting DUE TO, OR AS A CONSEQUENCE OF 3 underlying couse DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I NO YES [21b. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE WHILE AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from. 00 sow the deceased alive on_ and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (well (did) (did not) view the rody after death DIRE 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT) ld b Shou 230 BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE COUNTY STATE OrrAINE PARKCENS 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 (VR A 15 (4))

STATE OF MARYLAND

ASSESSED BUILDING AND ASSESSED BUILDING

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LADINARUS KARA KARANTAN KARANT	
MERCHANDER R. CARROLL LANGEPLESS. THERMOSE APROPRIE	
PERSONAL CERROLAL UNION PERSON - OK SEGMENTER MILL STOLL	
WILDER & ZEMBRUN MARKE CHERTELL	
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